

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



Medical Section Library  
University of California

### STATE BOARD OF PUBLIC HEALTH

JOHN H. GRAVES, M.D., San Francisco, President

EDWARD M. PALLETTE, M.D., Los Angeles, Vice President

GEO. H. KRESS, M.D., Los Angeles

JUNIUS B. HARRIS, M.D., Sacramento

WM. R. P. CLARK, M.D., San Francisco

GIFFORD L. SOBEY, M.D., Paso Robles

GILES S. PORTER, M.D., Sacramento

#### SAN FRANCISCO

State Office Building, McAllister and  
Larkin Streets Underhill 8700

#### SACRAMENTO

State Office Building, 10th and L Streets  
Capital 2800

#### LOS ANGELES

State Office Building, 217 West First  
Street Madison 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.  
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XII, No. 33

September 16, 1933

GUY P. JONES  
EDITOR

## Objectives for 1934\*

By GILES S. PORTER, M.D., Director California Department of Public Health  
and Secretary of Health Officers' Section, League of California Municipalities

The ten-year period 1920-1929 brought to California remarkable improvements in public health administration throughout the State. During this ten-year period, not only were many full-time county health units organized, but outstanding developments occurred in cities and counties which maintained their public health work through the services of part-time officials. Within this decade the tuberculosis death rate for the State dropped one-third. The infant mortality rate dropped 20 per cent. Typhoid fever approached the vanishing point, the mortality rate falling to considerably less than two per hundred thousand population. Diphtheria, with the assistance provided through the more widespread use of immunization procedures, became greatly reduced in its prevalence and in most communities was placed definitely under control. Outbreaks of the more unusual and spectacular diseases occurred, but they were kept within bounds, and through the activities of local health officers routine procedures in communicable disease prevention and control were carried out with credit to the communities concerned and to the State. This decade—1920-1929—may go into history as a decade of distinct accomplishment in the organization and efficient maintenance of public health departments throughout the whole State.

The records made during this decade have continued since 1929 in spite of the appearance of the worst economic depression in the history of the United States and in spite of reduced budgets for all health departments—city, county and State. Up to the present year, excellent records in communicable disease control have been maintained. At the last meeting of this organization, attention was drawn to the fact that the general status of public health had been better during the two years preceding than at any time during the ten years preceding. The shadow of reduced appropriations, however, was beginning to fall on many local health departments at that time. It was apparent, last fall, that the provision and maintenance of public health service in all communities would tax the ingenuity of all health officers to provide high standards of service without adequate financial support. However, in spite of unfavorable conditions the records continued to be favorable.

In so far as morbidity and mortality records are concerned, the past year has continued to be exceptional from a public health standpoint. Never in the history of California has typhoid been less prevalent than during the past year. Intensive activities of local health officers in the control of diphtheria have borne fruit, as shown in the morbidity and mortality records for this disease. Aside from outbreaks of food poisoning, psittacosis and plague in a human

\* Read before Health Officers' Section, League of California Municipalities, Santa Cruz, September 18, 1933.



being, there has been no unusually outstanding occurrence in epidemiology during the past year. Better records were also made last year in maternal and infant mortality. The year 1932 brought a periodically low incidence in measles as well as in other diseases which tend to move in cycles. Similarly, it brought increased prevalence in influenza and other respiratory infections.

It is interesting to note that a slight increase occurred in the number of reported cases of tuberculosis in 1932, in spite of the fact that there were 272 fewer deaths from the disease. It is noteworthy, also, that nearly 3000 more cases of venereal diseases were reported in 1932 than in 1931. It is believed that the increases in number of reported cases of tuberculosis and venereal diseases indicate the effect of the depression, since most cases of these diseases are reported from clinics where individuals who are unable to pay for medical service apply for treatment. As a matter of fact, the records show a remarkably clean slate, in spite of the fact that we are in the fourth year of our greatest economic depression.

Actually, the records do not show what is really taking place in lowering the public health standards of our people. There can be no question but that the past four years have produced permanent damage upon thousands of children who will fall victims to many different diseases which shall have had their rise during the present era of hard times. We know that already more individuals are applying for medical relief at tuberculosis clinics. We know that many of the conferences for infants and children are overcrowded greatly because of the mothers' demands that the health of their children be safeguarded. We know that worry, and loss of a sense of security, have wrought terrific damage in large numbers of individuals. No one, however, has any clear picture showing the extent of such disaster and no one can prophesy how extensively a program for the control of this damage must be organized to serve during future years.

There can be no doubt of the fact that we have been too optimistic in making appraisals of our morbidity and mortality rates during recent years. There can be no doubt of the fact that many records in reality are fallacious. No one has any accurate information relative to the drifts in population that have taken place during the past three or four years. We know that many thousands of Mexicans have returned to their native land. We know that there has been a trend in the movement of population from urban to rural districts, but actually we have little accurate information upon which to base our morbidity and mortality rates. Besides, we know that

migration to this State has continued in spite of the economic depression, if not because of it. We know that the character of this migration is entirely different from that of 1929, although its volume may be even greater.

As a matter of fact, we are somewhat at sea at the present time. With public health budgets reduced and with unknown conditions ahead of us, it is rather difficult to form any definite objectives for the coming year. We must hold fast to standard procedures that have been developed throughout the years and we must at the same time be prepared to adopt new methods for use in emergencies as they may appear. It would seem, however, that in addition we must make special efforts to secure provisions for the prevention and treatment of tuberculosis in the large numbers of individuals who have unquestionably been damaged through malnutrition and worry, if not starvation. It would seem that we must be prepared to do vastly more work in the control of this disease than has been customary in predepression years. We must do vastly more to raise physical standards among children who have been damaged through improper feeding, or through lack of food. The scars of the war are still worn by the children of Central Europe who are now young adults, and the scars of this economic depression will as surely be worn by our young adults of the next generation. No child can suffer for lack of food, or malnutrition, without exhibiting physical signs at some later stage, if not immediately.

It would appear that new burdens must be added to the health officer's routine during the years that are immediately to follow. From the standpoint of public health, the depression is not over—it is just beginning; and the conscientious health officer is faced with an enormous task to convince government agencies of the legitimate need for funds to carry on an adequate public health program during the post-depression era. It is doubtful that a greater crisis in public health administration ever existed than faces us now. There must be no weakening upon the part of any public health officer. His duties in the protection of the public health and in the maintenance of high standards are clear. In order properly to protect the public health, a careful appraisal of resources and of future programs should be readily available. What may be immediately ahead none of us know, but it is certain that we must be alert and ready to carry on traditional service in the interests of the public at large.

---

He sleeps well who knows not that he sleeps ill.—  
Maxim.



## BIRTHS IN MATERNITY HOSPITALS AND HOMES

In 1932 there were 78,108 births registered in California. Of this number, 50,280—64.4 per cent—occurred in maternity homes and hospitals scattered throughout the State. In 1931, 62.2 per cent of all births occurring in the State were in maternity homes and hospitals. It would thus appear that more prospective mothers are demanding hospital and maternity home care during childbirth. The infant mortality rate for the State in 1932 was 52.8, while the infant mortality rate in maternity homes and hospitals was 27.3. The State maternal mortality rate in 1932 was 5.7, while the maternal death rate for maternity homes and hospitals during that year was 3.6.

A total of 2186 caesareans was performed in maternity hospitals of California last year. This enormous number of such operations is appalling and may provide food for considerable thought upon the part of the women of California. The percentage of caesareans to confinements in hospitals and homes was 4.4 per cent.

Of the 50,280 births which occurred in institutions last year, 11,322, or 22.5 per cent, occurred in county hospitals. The infant mortality rate and the maternal mortality rate in county hospitals was considerably higher than in other institutions. The infant mortality rate for county hospitals in 1932 was 49.8 and the maternal mortality rate for that year in county hospitals was 7.3. A total of 321 caesareans was performed in county hospitals last year. The percentage of caesareans to confinements in county hospitals was 2.8 per cent.

In maternity homes and hospitals other than county hospitals last year 39,412 births were recorded. The infant mortality rate for such institutions was low—20.2. The maternal death rate was also very low—2.5. On the other hand, the number of caesareans performed in such institutions was very high, the total number having been 1865. The percentage of such operations to confinements was 4.8 per cent.

The data upon which this report is based was gathered by the Bureau of Child Hygiene of the State Department of Public Health by means of circular letters addressed to maternity homes and hospitals of California. Under the law, these institutions can operate only under license obtained through the State Board of Public Health. The tabulation is interesting in that it indicates the modern trend of California mothers in seeking institutional care at childbirth. The proportion of births which occur in such institutions increases slightly each year.

## HEALTH OFFICERS MEET AT SANTA CRUZ

(Continued from last issue)

Dr. Charles W. Decker, City Health Officer of Los Angeles, presided at the opening session on the last day of the conference. The first paper was by Mrs. Marie B. Stringer, State Registrar of Vital Statistics, who gave an interpretation of the amendments to the Vital Statistics Registration Act in the 1933 session of the Legislature. Her paper was discussed by Dr. W. H. Eaton, City Health Officer of Santa Barbara County, and Dr. Wm. Reasner, City Health Officer of Santa Monica.

The Health Officers' Section adjourned temporarily to hear Dr. Ray Lyman Wilbur, President of Stanford University, talk before the general session of the league upon the subject "The Place of the Health Department in City Government."

Upon reassembling, Dr. John J. Sippy, District Health Officer of San Joaquin Local Health District, Stockton, read a paper entitled "Should the Health Department Accept Medical Relief Responsibilities." Dr. Sippy's paper gave evidence of careful preparation and indicated a thorough comprehension of the present-day problems associated with public health and medical relief. His paper was discussed by Dr. I. O. Church, Alameda County Health Officer, and Dr. Herbert F. True, City Health Officer of Sacramento.

A paper by Dr. J. L. Pomeroy, Los Angeles County Health Officer, entitled "Tuberculosis Control in the Health Department" was read by Dr. P. K. Telford of the Los Angeles County Health Department. This paper was discussed by Dr. Arthur H. Hieronymus, City Health Officer of Oakland, and Mr. Wm. F. Higby, Executive Secretary of the California Tuberculosis Association.

Dr. Karl F. Meyer, Director of the Hooper Foundation for Medical Research, delivered an address entitled "Some Acute Health Problems Which Affect California." Dr. Meyer discussed the present epidemic of encephalitis in Missouri and the possibility of its more extensive invasion, the prevention of food poisoning of staphylococcic origin, relapsing fever, and other diseases that present acute problems in this State. This paper was discussed by Mr. Charles W. Arthur of the Pasadena City Health Department.

At the closing session in the afternoon, Dr. Wm. B. Wells, President of the section, presided. Dr. C. M. Burchfield, Health Officer of Santa Clara County, addressed the section upon the subject "The Part-Time Health Officer." He urged more cooperation between health officers and practicing physicians



and urged that meetings of health officers be made more attractive to part-time officers, in order that more of them might attend. He also stressed the importance of health officers' attendance at meetings of county and state medical societies. His paper was discussed ably by Dr. Calvert L. Emmons, City Health Officer of Ontario, and Dr. John J. Sippy, District Health Officer of the San Joaquin Health District, Stockton.

Dr. Lee A. Stone, Madera County Health Officer, talked upon the subject of "Venereal Disease Control." His paper was discussed by Dr. E. B. Godfrey, San Bernardino County Health Officer, and Dr. R. M. Fortier, Monterey County Health Officer.

The closing paper of the session was presented by Dr. Lela J. Beebe, Director of Child Hygiene, Santa Barbara County Schools. The subject was "A Comparison of the Mental Ages of Children With Their Osseous Development." Dr. Beebe's paper was discussed by Dr. R. C. Main, Santa Barbara County Health Officer, and Dr. Ellen S. Stadtmuller, Chief of the Bureau of Child Hygiene of the State Department of Public Health.

#### MORBIDITY\*

##### Diphtheria

24 cases of diphtheria have been reported, as follows: Oakland 1, Contra Costa County 1, Los Angeles County 2, Glendale 1, Long Beach 1, Los Angeles 16, Santa Barbara 2.

##### Chickenpox

31 cases of chickenpox have been reported, the cases being scattered over the State.

##### Measles

40 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: San Diego 19.

##### Scarlet Fever

69 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 16, San Francisco 12.

##### Whooping Cough

209 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 10, Fresno County 17, Los Angeles 42, San Francisco 18, Stockton 23.

##### Smallpox

2 cases of smallpox have been reported, as follows: Los Angeles 1, Santa Clara County 1.

\* From reports received on September 11th and 12th for week ending September 9th.

##### Typhoid Fever

13 cases of typhoid fever have been reported, as follows: Fresno County 1, Kern County 1, Los Angeles 1, Maywood 1, Monterey County 1, Riverside County 2, Stockton 1, Tulare County 5.

##### Poliomyelitis

3 cases of poliomyelitis have been reported, as follows: Los Angeles 1, Santa Ana 1, Tulare 1.

##### Meningitis (Epidemic)

2 cases of epidemic meningitis from Los Angeles have been reported.

##### Encephalitis (Epidemic)

2 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Santa Clara 1.

##### Trichinosis

One case of trichinosis from Pasadena has been reported.

##### Undulant Fever

3 cases of undulant fever have been reported, as follows: South Pasadena 1, Redlands 1, Tulare 1.

##### Relapsing Fever

One case of relapsing fever from San Bernardino County has been reported.

We do not struggle with the universe at large to save us from disease, as did our ancestors. We do not fear or dread anything from our skins out. Nothing outside us can hurt us until it gets into us; and often, not even then. Only from our skins *in* can anything harm us; and that is why we have turned from regarding the environment and doctoring it, to regarding *ourselves* and keeping ourselves diseaseless—H. W. Hill, M.D.

There are indications that the spread of sound information on essentials of diet has resulted in more effective use of the family's money for food. The American public is learning to buy foodstuffs that have substantial food values, rather than those that appeal principally to the eye and the palate. These are constructive factors in maintaining public health. —Surgeon General H. S. Cumming.

U C MEDICAL SCHOOL  
LIBRARY  
PARNASSUS & THIRD  
SAN FRANCISCO CALIF